PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

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Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
	TOTAL CLAIMS	33	33				RATE	FEE	7	RATE	FEE	
FOR			NUMBEF	NUMBER FILED		NUMBER EXTRA		BASIC FE	€ 385.0	Q OR	BASIC FEE	770.00
Ţ	OTAL CHARGE	ABLE CLAIMS	33mi	33 minus 20=		. 3		X\$ 9=	1	OR	X\$18=	<u> </u>
H	DEPENDENT C				* 0		X43=	 	OR	V00		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT	·				+145=		OR		
* [f the difference	e in column 1 is	less than z	ess than zero, enter "0" in co			t	TOTAL	 	OR	TOTAL	
I.	CLAIMS AS AMENDED - PART II							SMALL	CHITITY	1	OTHER SMALL	
	T	(Column 1) CLAIMS	7	(Colum		(Column 3)	ז ר	SIMINE			SIVIALL	
ENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	***	=		X43=		OR	X86=	
L	FIRST PHESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+290=	
								+145=	 	٠ ا	TOTAL	
		А	DOIT. FEE		۲ ٬	ADOIT, FEE						
IENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Columi HIGHE NUMBE PREVIOL PAID FO	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE] [RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	4-4		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***	~	=		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	4·290 =	
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	(Column 1) (Column 2) (Column 3)							OOIT. FEE L		J ,	.DOH. FEEL	
Z -		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	4-3.		=-	-	X\$ 9=		OR -	X\$19=	
		<u>l</u>	Minus	A-A 4-		::	-	X43=		-	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
• 44							'	145=		OR	+290=	
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20" ***If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3."												
T	ie Highest (Iumib	er Previously Paid F	For" (Total or I	independent	es the h	ighest number f	found	in the appro	priate box	. in colun	in 1	1